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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000052 Phone : (323)952-8500 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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COVER LETTER

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			DESIGNS LLC		
SUBJEC	∪¶; <u> </u>		Name of Limi	ted Liability Company	
The encl	losed A	articles ut	Amendment and fee(s) are sub-	nitted for filing.	
Please re	sum al	l correspo	indence concerning this matter	to the following:	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com. Inc.		
				FirmvCompany	
			101 N Brand Blvd 11th Fl		
				Address	
			Glendale, CA 91203		
				City/State and Zip Code	
			rowali.designs@gmail.com	o be used for future annual report notification)	
For furth	ner into	rmation c	oncerning this matter, please ca		
Cheyenr	ne Mos	eley		300 773-0888	
		Name o	f Person	at () Area Code ——Daytime Telepho	ne Number
Enclosed	d is a cl	heck for th	ne following amount:		
□ \$25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building	DRESS:

Tallahassee, Fl. 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROWALL DESIGNS LLC

(A Thorida Limited L	ny as it now appears on our records, Jability Company)	J	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000162555	were filed on 03/31/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "ELC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	16000 Pines Blvd., Unit 824468		
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL 33082		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street address		
	Flor	rida	
	Cur.	Tin Cade	
New Registered Agent's Signature, if changing Registered Agent:	City	rida Zip Code	

To:

13233890552

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Alicia E. Rowe		□ Add
			☐ Remove
		16000 Pines Blvd., Unit 824468 Pembroke Pines, FL 33082	☐ Change
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	rd specifies a d 10th day after t			it not an effe	ctive time, a	t 12:01 a.m.	. on the ear	lier of:
	October		20	23				
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oated _	ARow	Signature	of a member of	authorized repre	sentative of a mer	nber		

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